215037326 60209			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2														2
2 Total Number			Local No./ District 009 Agency Case B5-085165								HIT & RUN		INVESTIGATION MADE AT SCENE?				
A/1	of Vehi		009		-065165					YES (In Mil				YES X NO STATE USE ONLY			
01	DATE OF ACCIDENT		1/2015	Y Y Y	s s	$\bigcup_{i=1}^{M}\bigcup_{j=1}^{T}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{i=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{N}\bigcup_{j=1}^{$	N TH	TH F S TIME OF			0755	017112 001	LONE				
A/2	ACCIDENT		POLICE														
	PLACE OF	COUNTY	Lancaster								0804	09/14	09/14/2015				
В	ACCIDENT	CITY	Lincoln									PRIVATE YES NO PROPERTY?			LATITUDE		
68	ROAD O			St and Cl		ONE-W STREE			YES NO								
с 1	DISTANCE	FROM	FEET	HIGHWAY N				LONGITUE	LONGITUDE								
D	MILEPO	151	IF AT INTERS	MILEPOST	IF NOT AT INTERSECTION				ECTION		_						
1		,	○FE	FEET MILES N S E					EAREST STREE	T, BRIDGE	BRIDGE, RAILROAD CROSSING						
V1/M	N50TH	St an															
14	MILES	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN ILES N S E W AND N S E W OF NEAREST															
V2/M			0 =	MILES				CITY	OR TOW	'N							
14	R. WORK	R1	R2 R3 R4	S. PEDES		S1 S2	S3	S4 S5-a	S5-b	S6-a	S6-b	DOES ACCID STATE DEPT.					
E 1	CODES	ZONE CODES 1 CLASSIFICATION CODES										s 🗴 NO					
						VE	HICLE	NO. 1									
F 1	DRIVER LICENSE	1	NO. 592773	402								STATE (Of License)	NY	SE		♦ FEMALE ♦ MALE	
V1/N	DRIVER Amanda	H Br	nulik						PHONE 609	658	1418	1	LOCAL NO	O.			
1	DRIVER ADDRI	ESS			000	1110	DATE OF	07/20	2/109	D /I		V1/1					
V2/N 1	1223 N	N 9TH ST #112, LINCOLN, NE 68508									91820 BIRTH (MM / DD / YYYY) COCAL NO				5/1904		
G G	JOHN V		ULIK						V1/2								
2	OWNER ADDRI		2F. ALBAN	Y. NY 12						NG X NO	CITATION NO.				V1/3		
Н	314 STREET 2F, ALBANY, NY 12210 LICENSE NO. GYE2192							YEAR (Plate Expires) 2016				2016		STA'		NY	V 1/3
5			YEAR	MAKE Ford		OCUS		BODY STYI		,	COLOR	E	STIMATED [DAMAG	E		V1/4
V1/O	VEHICLE ID	_	2004		4 door Sedan green INSURANCE C				TOTALE	:D 🍑	5000		14/5				
3 V2/O	NO. (VIN) TOWED TO	1F <i>F</i>	FP35Z64W		LIBERTY MUT					JAL				V1/5 - 18			
2		W 360	00 N 26TH S	<u>т</u>	CAPITA	AL TOWI	NG					22808927 [.]	7405				V1/6
ı		VEHICLE NO. 2															25
1	DRIVER NO. H13110497											STATE (Of License)	NE SEX FEMALE				
V1/P	HOLLIE	C CAS	SE			PHONE 4028904267					LOCAL NO.			V2/1			
1 V2/P	DRIVER ADDRE		#2, LINCOL	N NE 68	CITY, ST	ATE, ZIP						DATE OF BIRTH (MM / DD / YYY	07/05/1980				18
1	OWNER HOLLIE				PHONE 4028904267					LOCAL NO.			V2/2				
J	OWNER ADDRI		5E		CITY, ST	ATE. ZIP			402		4267		CITATION	NO.			V2/3
01			2, LINCOLN	1, NE 685			PENDIN										1,2,0
V1/Q	LICENSE PLATE	PA ı	NO. SEP152								YEAR ate Expires)	2016		STA (Of Pl	TE late)	NE	V2/4
1 V2/Q	VEHICLE	YEAR	2004	Chevrol		DEL LUX		BODY STY		n	color dark		STIMATED (DAMAG	4000)	V2/5
4	VEHICLE ID	101		Full size van				INSURANC					18				
К	NO. (VIN)	IGI	NDX13EX4D	PROC POLICY NO.					ESSIVE NORTHERN INS			NSURA	V2/6				
02											9061	31114					25
	(lete this se plete a continuati								OF BIRTH DD / YYYY)	Seat Position	2 Eject	Body Region	Injury Sev. Trai	SEX	
VEH. #	NAME	(,		DRESS	, , , , , , , , , , , , , , , , , , ,					<u> </u>		1 031011		rtegioi	OCV.	
	LOCAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.				
VEH. #	NAME	AME ADDRESS															
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAME					EMS RU	N REPO	DRT NO.		
VEH. #	NAME			AD	DRESS					_					1		
V ⊑∏. #														L			
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME													EMS RUN REPORT NO.			

